

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-016182

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 251 Primary Registration District No. --- Registrar's No. 135

FILED MAY 14 1962

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY NODAWAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELMO		c. CITY OR TOWN ELMO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No St. Addresses in town		d. STREET ADDRESS (If outside, give location) NONE IN TOWN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First RAYMOND Middle ALBERT Last PULLEN			4. DATE OF DEATH Month APRIL Day 1 Year 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7/11/1904	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORE OWNER		10b. KIND OF BUSINESS OR INDUSTRY TAVERN		11. BIRTHPLACE (City and state or country) Braddyville, Iowa	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOSEPH PULLEN		13b. MOTHER'S MAIDEN NAME MINERVA WHITE	
14. NAME OF HUSBAND OR WIFE ESTHER STALDER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT DONALD PULLEN, CLARINDA, IOWA		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure.. probably due to ventricular fibrillation. DUE TO (b) Coronary Thrombosis without infarction. DUE TO (c) Coronary arteriosclerosis & insufficiency. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease with auricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH seconds seconds. years	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour: 10:00 a.m. p.m.		Month, Day, Year Feb. 26, 1960		20f. CITY, TOWN, OR LOCATION ELMO, MISSOURI	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION ELMO, MISSOURI	

21. I attended the deceased from Feb. 26, 1960 to Mar. 31, 1962 and last saw him alive on March 30, 1962		22. SIGNATURE (Degree or title) Harold [Signature]		22b. ADDRESS ELMO, MISSOURI	
22c. DATE SIGNED 4/3/1962		23. NAME OF CEMETERY OR CREMATORY SHEARER CEMETERY		23d. LOCATION (City, town, or county) (State) BRADDYVILLE, IOWA	
24. FUNERAL DIRECTOR Walker Funeral Home, Clarinda, Iowa		25. DATE RECD. BY LOCAL REG. 5-9-62		26. REGISTRAR'S SIGNATURE Bess Bolt	

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 **0740**

2 **0740**

3

4 **C**

5 **3**

6

7 **1**

8 **0**

9 **420.1**

10

11

12 **90.2**

13 **1-1**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Boyd G. Nowinger

Licensed Embalmer No. 5136

P. O. Address BEDFORD, IOWA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.